

VERIFICATION OF DEPOSIT

TO: _____ PLEASE RETURN TO: _____

RE: Income Verification For: _____

The Federal Government requires that the income of all members of families applying for admission to a federally aided project be verified in order to establish occupancy eligibility. We request your cooperation in supplying the following information.

* * * * *

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request you to furnish the following information which is necessary in determining eligibility for public housing.

Date

Signature of Applicant

* * * * *

Please provide information regarding any money in checking accounts (**6 month average balance**), savings accounts, money market accounts, trust, or certificates of deposits on account with you. Also please provide us with the amount of interest which was earned on the same accounts for the last twelve months. If the account has not been opened for a full year, please show the interest rate that the account has drawn.

<u>Account Number and Type</u>	<u>Balance</u>	<u>Int. Rate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____

Signature of Authorizing Agent

Title of Authorizing Agent

Note: Information is required to comply with RD 7CFR 3560 HB 2 Chapter 6, but use of this guide by management is optional. However, it is **NOT TO BE USED BY AGENCY PERSONNEL** in making a direct request for information from a depository to the agency.

“This institution is an equal opportunity provider.”

